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ABSTRACT BOOK

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referred to the nearest Designated Microscopy Cen-ter (DMC) or their sputum was collected and trans-ported to the DMC and those found to be TB were started on DOTS medicines as per the program treat-ment guidelines.

Results and lessons learnt: Of 1606 slum population and 1420 refugees visited, 43 (2.7%) and 34 (2.4%) were found to have cough for more than 2 weeks. Of them, 38 (88%) and 32(94%) got themselves tested and 4 and 3 sputum positive pulmonary TB were subsequently started on treatment.

Conclusions and key recommendations: The above findings highlight the importance and necessity of conducting periodic outreach activities among the vulnerable (slum) and marginalized (refugees) popu-lation. These groups usually have lack/limited access to TB diagnostic services. Seeking diagnosis for their symptoms could receive low priority for these popu-lations who encounter other social challenges, result-ing in delayed diagnosis and worsening of the disease. The above activities resulted in early diagnosis among these groups which would help in reducing the trans-mission in the community. The process served to reach across to these populations with basics of TB and facilitated linkages of these communities with the health system.

PC-482-01 Tuberculosis among the Roma population in Macedonia

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Introduction: The latest data by WHO show that 80% of TB cases in Europe are in the countries which have numerous Roma population. The number of Roma in Macedonia is 53 870 (2.66%).

Aim: To fi nd out what is their participation in the total number of TB patients, what is their incidence and are they a risk group for TB and possible reasons for that.

Patients and methods: For this purpose we analyzed data in latest six (6) years with special accent on Roma population with TB (sex, age, incidence).

Results: We had 563 patients with TB in 2007; the incidence was 27.8/100 000 for general population, but the incidence for Roma people was 74.2/100 000. The next year incidence in Roma population was 59.4/100 000 and in general population 23.8/100 000. In 2009 the incidence in Roma population was 42.6/ 100 000 and in general population 23.4/100 000. The next year the incidence in Roma people was 70.5/ 100 000 and in general population 20.8/100 000. In 2011 the incidence in Roma people was 51.9/100 000 and in general population 17.9/100 000. The last year there were 356 regsitrated TB patients in the country with incidence of 17.2/100 000. The incidence of Roma people was 46.4/100 000.

Conclusions: Roma are more vulnerable community. They are risk group for TB because their incidence is three times higher than in general population. Possible reasons for this are: substandard living conditions, lack of education and low rate of employment.

PC-483-01 Association between age and treatment outcomes among tuberculosis patients registered under the Revised National Tuberculosis Control Programme in Uttar Pradesh

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Background: With increasing life expectancy in In-dia, there has been an increase in elderly population. Since elderly population are a vulnerable group for tuberculosis (TB) and there is paucity of data about the manifestation and outcomes of TB among this group, we undertook a study to describe and com-pare the socio-demographic and clinical characteris-tics and treatment outcomes of elderly (60 years and above) as compared to younger (15 to 59 years) TB patients registered in Revised National Tuberculosis Control Program (RNTCP) and to identify the risk factors associated with poor treatment outcomes among the elderly.

Design/methods: We conducted a retrospective co-hort study involving review of routinely maintained RNTCP records from July to September 2011, in fi ve districts of Western Uttar Pradesh (population: 40 million). World Health Organization (WHO) rec-ommended disease classification and treatment out-come definitions are used by RNTCP. Qualitative data was expressed as proportions, χ^2 test and relative risk along with 95% confidence intervals (CI) were calcu-lated to analyse the association between outcome and potential predictor variables.

Results: Of 2472 TB patients, 821 (33.2%) were el-derly, 1656 (67%) were males 81.7% resided in rural areas and 80% were new cases. Among the elderly TB patients, 22% had unsuccessful (death, default, fail-ure and transfer out) outcomes as against 14.5% in the comparison group ($P < 0.001$). Factors signifi-cantly associated with unsuccessful outcomes among elderly group were living in an urban area (RR = 2.33, 95%CI 1.77–3.07), history of a previous treat-ment (RR = 1.7, 95%CI 1.29–2.23) and non-conver-sion of smear at end of intensive phase (RR = 4.37, 95%CI 2.27–8.42).

Conclusion: Elderly TB patients had poorer treat-ment outcomes as compared to the younger TB pa-tients. This could be due to associated co-morbidities